

**WASHINGTON STATE DEPARTMENT OF HEALTH
CHILD PROFILE IMMUNIZATION REGISTRY
SCHOOL DISTRICT ACCESS
ACCOUNT APPLICATION**

Directions: Please complete this form and return it, with your Information Sharing Agreement, to CHILD Profile. This information will be used to create the registry account for your school district. Please identify the primary contact within your district office as well as a technical lead. We will create a user name and temporary password for each. Additional school personnel user accounts can be created once they have completed training and signed the confidentiality agreement. If you have questions regarding this information, please contact the CHILD Profile Help Desk at 800-325-5599 or (206) 205-4141 and we will gladly assist you.

School District: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

District Contact Person: *(Primary contact for coordination, communication)*

Name & Title/Department: _____

Telephone: _____ Fax: _____ Email Address: _____

Technical Lead *(Primary contact for connectivity and other technical issues)*:

Name and Title/Department: _____

Telephone: _____ Fax: _____ Email Address: _____

Complete this form and return it, with two signed copies of the Information Sharing Agreement, to:

CHILD Profile Immunization Registry
401 Fifth Avenue, Suite 1000
Seattle, WA 98104

Phone: 800-325-5599 or (206) 205-4141